



**Afterschool Program 2021-2022**  
**SCLA School Membership Application**  
**Student/Member Information**

**START DATE:** \_\_\_\_\_

**STUDENT ID:** \_\_\_\_\_

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

**Head of Household**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Other Parent/Guardian**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**School Information**

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Student ID \_\_\_\_\_

Free or Reduced Lunch?  No  Free  Reduced

Projected Date of Graduation? \_\_\_\_\_

## Emergency Contact

Contact #1 Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Phone \_\_\_\_\_ Authorized for Pickup?  Yes  No

Contact #2 Name \_\_\_\_\_ Relationship to Member \_\_\_\_\_

Phone \_\_\_\_\_ Authorized for Pickup?  Yes

Are there any custody issues? If yes, please  
specify \_\_\_\_\_

## Medical Information

Health Insurance?  Covered  Not covered

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Medications?  Yes  No If Yes, explain: \_\_\_\_\_

Allergies?  Yes  No If Yes, explain: \_\_\_\_\_

Disabilities?  Yes  No If Yes, explain: \_\_\_\_\_

Epi-Pen?  Yes  No

Inhaler?  Yes  No

Other Health Problems, Restrictions or Concerns: \_\_\_\_\_

Permission to be treated by a Doctor/Hospital?  Yes  No

## Student Expectations

The 21<sup>st</sup> Century Program requires each parent/guardian to review and discuss these member expectations with their child:

- Attend regularly
- Play fairly and be honest
- Be respectful of teachers
- Resolve disagreements in a positive manner
- Follow all rules that apply to my Clubhouse
- Respect and care for equipment
- Say only good things about others
- Bring my membership card each day
- Use appropriate language

Date \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Child name: \_\_\_\_\_

Attendance: Days I expect my child to attend: \_\_ Mon \_\_ Tues \_\_ Wed \_\_ Thurs

*Transportation Permission- If your child is attending the 21st Century Community Learning Center, they are eligible to ride the late bus home if they currently receive transportation to and from school normally.*

\_\_\_ *My child will take the late bus home at 4:30pm.*

*Late bus stop corner: \_\_\_\_\_ & \_\_\_\_\_*

\_\_\_ *My child will walk home when program ends at 4:30pm*

\_\_\_ *My child will be picked up no later than 4:30pm by*

\_\_\_\_\_

\_\_\_ *Check here if your child receives Special Education Transportation Services. If yes, please specify:*

\_\_\_\_\_

\_\_\_\_\_